

How We Did it - Meaningful Use 2's Patient Access & Summary of Care



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Introduction

Patient Electronic Access (Measure 2) and Summary of Care (Measure 2) have been two of the most challenging MU2 measures for hospitals.¹ Before we began the MU2 attestation period we had less than one patient access the patient portal each week and had not yet implemented direct messaging. This poster shares how our urban community hospital achieved these two measures.

Objectives

- Have more than 5 percent of all patients (or their authorized representatives) who are discharged from inpatient view their health record on the hospital's patient portal.
- Send a summary of care (C-CDA) via direct messaging to receiving providers for more than 10 percent of discharged patients.

Methods – Patient Access

- 'All Hands On Deck':
- Admitting: Records patient's or proxy's e-mail address
 - Portal Concierges & Volunteer Services: Register patients on the patient portal at the bedside
 - Case Management: Remind patient to access their records on the patient portal post-discharge.
 - H.I.M.: recommend access to Patient Portal when patients or family request copies of health record.
 - I.S.: I.T. support.
 - Patient Experience Office & Advocates: Promote Patient Portal adoption.
 - Public Affairs & Marketing: Lead Patient Access Initiative, e-mail newsletter to discharged patients & manage photographing newborns.

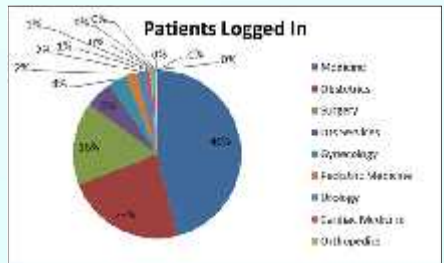


Methods – Summary of Care

- Improve Transitions of Care
- Encourage our 20 long-term care provider partners to purchase direct messaging inboxes from local health information service providers (HISP)
 - Designate case managers send C-CDAs to long-term care providers with direct addresses to whom patients are referred or transferred

Results – Patient Access

16 percent of discharged patients accessed their records on the patient portal.



Results – Summary of Care

Visit Summary C-CDAs were sent to long-term care providers for 21 percent of discharged patients.

Lessons Learned

- Patient Access
- Vision: Consumer & patient engagement come first
 - Register patients to the patient portal during admission
 - Encourage & track e-mail capture
 - Insist upon dedicated staffing for core implementation
 - o Navigation is labor intensive
 - o Don't expect (initial) hands-on involvement from some quarters
 - o IT must be at the table
 - Security, legal, privacy concerns – all manageable
 - o Get IT Security and Legal involved
 - Track issues, Report results and progress points weekly
 - o In the work group and system-wide
 - o Used progress to break down concerns, showed that patients would use technology

Summary of Care

- o Most long-term care providers do not have EHRs yet they can accept direct messaging. Local HISPs and HIEs do host direct messaging for affordable fees.
- o Sending C-CDAs must be integrated into the appropriate workflow to be sent and received.

References

1. HIT Policy Committee, February 10, 2015 (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HITPC_February2015_Full_Deck.pdf)